

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS		SERIAL NO.		FILING DATE	
		APPLICANT(S)		10/069359	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			51	
2	1			52	
3	1			53	
4	1			54	
5	1			55	
6	1			56	
7	1			57	
8	1			58	
9	1			59	
10	1			60	
11	1			61	
12	1			62	
13	1			63	
14	1			64	
15	1			65	
16	1			66	
17	1			67	
18	1			68	
19	1			69	
20	1			70	
21	1			71	
22				72	
23				73	
24				74	
25				75	
26				76	
27				77	
28				78	
29				79	
30				80	
31				81	
32				82	
33				83	
34				84	
35				85	
36				86	
37				87	
38				88	
39				89	
40				90	
41				91	
42				92	
43				93	
44				94	
45				95	
46				96	
47				97	
48				98	
49				99	
50				100	
TOTAL IND.	14			TOTAL IND.	
TOTAL DEP.	15	↓	↓	↓	↓
TOTAL CLAIMS	19				